

## **Maternal Child Health/Women's Health/EPSDT**

MIHS-HP takes an active role in the health and well being of women, newborns and children by offering a comprehensive package addressed to this population. Services available are:

- Women's Health
- Maternity Care Services
- Family Planning Services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for eligible children under 21 years of age (please see EPSDT section of this manual)

### **Acute Care Indicators**

What are acute care indicators? These are services used to measure the level of care provided to the Health Plan's population. Outcomes are measured by established guidelines for the type of tests and their frequency. MIHS-HP tracks the following tests, services, and outcomes:

Pap Smears - The standard is one annually for members who are sexually active. The frequency increases with abnormal findings.

Mammogram - The standard is one annually for ages 51-65 or as medically indicated. Patients should be instructed regarding monthly breast exams.

Family Planning - Available to members who voluntarily choose to delay or prevent pregnancy or who need family planning extension services. These services include covered medical, surgical, pharmacological and laboratory services. A SOBRA/family planning extension may provide covered services for up to 24 months. Covered Services are:

- Contraceptive counseling
- Medication
- Supplies
- Oral medications and injectable medication
- Norplant
- IUD
- Diaphragms
- Condoms
- Forms
- Suppositories
- Natural family planning education or referral to qualified health professionals

Services not covered under family planning include infertility services, abortion counseling, abortions, and hysterectomies.

### **Authorization/Notification**

MIHS-HP expects that its providers obtain authorization for prenatal/OB care. Please call 602/344-8455.

# **Maternal Child Health/Women's Health/EPSDT**

## **High Risk Case Management**

MIHS-HP provides case management for its high and at risk expectant mothers. High-risk pregnancy is a pregnancy in which the mother, fetus, or newborn is or is anticipated to be at increased risk for morbidity or mortality before or after delivery. The model MIHS-HP uses is a Medical Social Case Management Model. The MIHS-HP case management team will usually consist of a nurse and other professionals. This effort is then applied to mothers determined to be high risk. Examples of high risk include patients with a sexually transmitted disease, diabetes, drug and alcohol use, renal disease, hypertension, and seizure disorder. If you suspect your patient is High Risk, please call 602/344-8966 and speak with the High Risk Case Manager.

## **Low Birth Weight**

MCHP tracks and trends birth weights on all maternal members

## **Well Child Visits and Well Child Care**

Recommendations for preventative visits for members from 0-15 months of age appear below and in the EPSDT Section of this manual.

Newborn	2-4 days
1 month	2 months
4 months	6 months
9 months	12 months
15 months	
Annual exam at ages 3, 4, 5 and 6 years	

## **Dental Care**

Recommendations for preventative dental visits, EPSDT, are:

Annual visit for ages 3 to 20 years.

Members 3 to 20 years of age can self refer to a participating dentist.

Children under 3 years need a referral from their PCP for dental care.

Please refer to the periodicity schedule in the EPSDT section of this manual.

## **Immunizations**

Children should be fully immunized for preventable childhood diseases by their second birthday. Please see the EPSDT section of this manual for the immunization schedule.

# Maternal Child Health/Women's Health/EPSTD

---

## Appointment Standards

MIHS-HP expects that its providers will adhere to the following appointment standards when managing OB patients:

First Trimester	Within 14 days of a request for an appointment
Second Trimester	Within 7 days of a request for an appointment
Third Trimester	Within 3 days of a request for an appointment
High risk members	Within 3 days
Emergent	Same Day
Routine	21 days

## Claims and Encounter Submission

To capture the data necessary to review outcomes, it is imperative that all information be reported timely and accurately. Claims for delivery must be submitted using the coding for global OB. Trimester coding is crucial to the accuracy of claims submission. The initial date of service and the last visit date must be reported as well. The first date and the last date of prenatal visits are required. The total OB package includes charges for one ultrasound, one non-stress test, all office visits (pre and post-partum), and the actual delivery charge.

## Claims Submission Examples

Example of how to submit for delivery charges:

Date of Service	1/1/99
CPT Code	59400 T1
ICD 9	Appropriate ICD9
Description of Service	Routine OB Care
Charge	\$1850.00
Units	1

Example of how to submit for visits related to the delivery:

Dates of Service	1/1/99 to 8/31/99
CPT Code	99211
ICD 9	Appropriate ICD9
Description of Service	Routine OB Care
Charge	\$0.00
Units	15

# **HIGH RISK MATERNITY CASE MANAGEMENT REFERRAL FORM**

DATE REFERRED: \_\_\_\_\_  
(for MCHP clients only)

REFERRED BY: \_\_\_\_\_ EGA: \_\_\_\_\_  
(Must be provided)

PID

## **MEDICAL RISKS FACTORS**

- ☐ Multiple active sexually transmitted disease: Syphilis, G.C., Herpes, Chlamydia, AIDS, with current pregnancy
- ☐ Recurrent UTI ( $\geq 2$  with current pregnancy)
- ☐ Pyelonephritis this pregnancy
- ☐ Diabetes
- ☐ Severe Anemia ( $< 30\%$ )
- ☐ Chronic conditions: Renal Disease, Hypertension, Seizure Disorder, Cardiac Disease, Blood disorders, etc.
- ☐ Other \_\_\_\_\_

## **NUTRITIONAL RISK FACTORS**

- ☐  $< 100$  lbs. before pregnancy and nutritionally low weight for height
- ☐ Failure to gain weight during 2nd/3rd trimester ( $< 2$  lbs/month)
- ☐ Excessive weight loss first trimester (6 or more lbs.)

## **SUBSTANCE ABUSE RISK FACTORS**

- ☐ Cigarettes  $> 10$  cigarettes/day
- ☐ Alcohol
- ☐ Heroin
- ☐ Cocaine/Crack
- ☐ Amphetamines/Crystal
- ☐ Marijuana
- ☐ Methadone Maintenance
- ☐ Other (Substance) \_\_\_\_\_

## **DISPOSITION BY CASE MANAGED SERVICES:**

ASSIGNED PRIMARY Family case manager: \_\_\_\_\_

- ☐ Services being provided as requested beginning \_\_\_\_\_
- ☐ Does not meet program criteria.
- ☐ Caseload full. Request will be placed on a waiting list and opened to case management as soon as an opening is available.
- ☐ Case closed as of \_\_\_\_\_ Reason: \_\_\_\_\_
- ☐ Other \_\_\_\_\_

## **PSYCHO-SOCIAL RISK FACTORS**

- ☐ History of CPS referrals or potential for child abuse or neglect
- ☐ History of chronic or severe depression or mental illness
- ☐ Currently experiencing physical abuse at home
- ☐ Chronic OB appointment failures (2 or more consecutive appointments failed)
- ☐ Homeless
- ☐  $< 17$  years old
- ☐ African American
- ☐ Other \_\_\_\_\_

## **OB RISK FACTORS**

- ☐ Previous premature baby/labor
- ☐ Have or had incompetent cervix/cervix operation
- ☐ Uterine Anomaly
- ☐ Multiple gestation
- ☐ Premature labor this pregnancy
- ☐ Pregnancy-induced Hypertension/Pre-Eclampsia
- ☐ Documented fetal growth retardation
- ☐ Two (2) or more 2nd trimester miscarriages and no term pregnancies since
- ☐ Placenta previa
- ☐ Polyhydramnios or oligohydramnios
- ☐  $\geq 35$  years old
- ☐ Other \_\_\_\_\_

Note: All pregnancies must be  $< 37$  weeks gestation and meet one of the above High Risk Maternity Case Management criteria.

WHITE: Family Case Manager

CANARY: Medical Record